

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084543

**Entity Name:** SHADOW MARIE LLC

**Current Principal Place of Business:**

2601 JEWEL ROAD  
BELLEAIR BLUFFS, FL 33770

**Current Mailing Address:**

2601 JEWEL ROAD  
BELLEAIR BLUFFS, FL 33770 US

**FEI Number:** 27-0828956

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A-100  
TAMPA, FL 33612 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name YOUNESS, DARRELL S  
Address 2601 JEWEL ROAD  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title MGRM  
Name YOUNESS, DALAINE T  
Address 2601 JEWEL ROAD  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title MGRM  
Name YOUNESS, ELAINE A  
Address 2601 JEWEL ROAD  
City-State-Zip: BELLEAIR BLUFFS FL 33770

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELAINE A YOUNESS

**SECRETARY/TREASURER** 04/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date